

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049363

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. 85 Registrar's No. 85

FILED DEC 18 1962

| | | | |
|--|--------------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breton ?Twnshp</u> | | c. CITY OR TOWN <u>E. Carondelet</u> | |
| Length of stay in 1b <u>1 day</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 mi. East of Potosi</u> | | d. STREET ADDRESS (If outside, give location) <u>121 Bottom St.</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Paul</u> Last <u>Rea</u> | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>8</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cau</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/3/35</u> |
| 9. AGE (last birthday) <u>27</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Co.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Bollinger Co., Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Luther Rea</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice Adams</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Nadine Drennen Rea</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> | |
| 16. INFORMANT <u>2 Mrs. R. P. Rea-E. Carondelet, Ill.</u> | | Address <u> </u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture. Brain Compression</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>shaft broken saw mill</u> | | 20c. TIME OF INJURY Hour <u>4:00</u> p.m. Month, Day, Year <u>Dec 8-62</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Woods.</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Breton Township</u> | | COUNTY <u>Wash.</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u> </u> to <u> </u> and last saw her <u> </u> Death occurred at <u>4:00 P.M.</u> <u>12-8-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>D. T. Gibson Coroner</u> | | 22b. ADDRESS <u>Potosi, Mo.</u> | |
| 22c. DATE SIGNED <u>12-8-62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>12/11/62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hills Cem.</u> | |
| 23d. LOCATION (City, town, or county) <u>Potosi, Missouri</u> | | 24. FUNERAL DIRECTOR <u>Gum & Son</u> | |
| ADDRESS <u>Potosi, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12/11/62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Helmut Rudall</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1100
281202
3
4 0
5 1
6
7 0
8 2
99128
10 76
11 110
12 71-3
13 1-0

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Burn

Licensed Embalmer No. 5155

P. O. Address Potomac, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.